

2009 NOT-FOR-PROFIT CORPORATION AMENDED ANNUAL REPORT**FILED
May 14, 2009
Secretary of State**

DOCUMENT# N96000004187

Entity Name: ISLAND COMMUNITY CHURCH OF MERRITT ISLAND, INC.**Current Principal Place of Business:**1000 N. BANANA RIVER DR.
MERRITT ISLAND, FL 32952**New Principal Place of Business:****Current Mailing Address:**1000 N. BANANA RIVER DR.
MERRITT ISLAND, FL 32952**New Mailing Address:**

FEI Number: 59-3402889

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:BUSTAMANTE, RALPH A P
4145 CROOKED MILE ROAD
MERRITT ISLAND, FL 32952 US**Name and Address of New Registered Agent:**

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:Title: P () Delete
Name: BUSTAMANTE, RALPH A P
Address: 4145 CROOKED MILE ROAD
City-St-Zip: MERRITT ISLAND, FL 32952Title: S () Delete
Name: BARBER, STEPHANIE C S
Address: 1520 SURFSIDE BLVD.
City-St-Zip: MERRITT ISLAND, FL 32952Title: V () Delete
Name: DEEKS, SR, PETER V
Address: 4155 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952Title: T () Delete
Name: COCHRAN, PAULA D T
Address: 1525 HOLLY AVE
City-St-Zip: MERRITT ISLAND, FL 32952**ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:**Title: P (X) Change () Addition
Name: BUSTAMANTE, RALPH A P
Address: 4145 CROOKED MILE ROAD
City-St-Zip: MERRITT ISLAND, FL 32952 USTitle: V (X) Change () Addition
Name: DEEKS, SR, PETER V
Address: 4155 CROOKED MILE RD
City-St-Zip: MERRITT ISLAND, FL 32952 USTitle: T (X) Change () Addition
Name: BARBER, STEPHANIE C T
Address: 1520 SURFSIDE BLVD.
City-St-Zip: MERRITT ISLAND, FL 32952 USTitle: S (X) Change () Addition
Name: COCHRAN, PAULA D S
Address: 1525 HOLLY AVE
City-St-Zip: MERRITT ISLAND, FL 32952 US

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: RALPH A. BUSTAMANTE

PRES

05/14/2009

Electronic Signature of Signing Officer or Director

Date